



# Patient/Employee/General Authorization for Public Relations/Media Coverage by and/or on Behalf of Steward Health Care System, LLC

I hereby consent to and authorize photographs, recordings, and quotes written, visual, and audio, to be taken by or on behalf of Steward Health Care during care and treatment at a Steward Health Care facility or at a sponsored event.

I understand that any information generated from any interview or photographs and recordings may be included in publications on behalf of Steward (including newspapers, television, journals, websites or other). I am aware that Steward may use my information from any interviews, photographs or recordings for public relations and/or media coverage. I am further aware that Steward cannot control the further use and disclosure of such information once it has been released to the media or general public. This authorization shall relate to medical information arising out of my medical care and treatment. This authorization shall relate to any medical care and treatment provided to date and on \_\_\_\_\_ (dates of intended coverage).

I understand that this authorization shall remain in effect until I revoke it. I may revoke this authorization by providing written notice to Steward Health Care Marketing Department, 1900 N. Pearl Street, Suite 2400, Dallas, Texas 75201.

I understand that Steward Health Care may not condition treatment payment, enrollment or eligibility for benefits on whether I sign this authorization.

I hereby release Steward, their members, trustees, agents, servants and employees and members of their medical staff from any and all claims arising out of this Authorization.

\_\_\_\_\_  
Patient/Employee/Attendee's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Home Address  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Email (at which we may contact you for follow-up information)

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Date

If a minor or otherwise unable to sign this authorization:

\_\_\_\_\_  
Signature of Patient/Employee/Attendee's Personal Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Description of Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by